

ADHS Immunization Data Report: Due by November 15, 2011
Childcare, Preschool, Pre-K and Head Start
Form 108

List only children born on or after October 1, 2006 on this form. Do not include enrolled children born before October 1, 2006.

Name of Child Care Center	License Number	Phone				
		Fax				
Mailing Address, City & Zip	County	Director or Contact Person				
		E-mail:				
	Children born on or after April 1, 2010	Official Use Only		Children born from October 1, 2006 through March 31, 2010	Official Use Only	
1. Attendance						
2. Immunization Records on File						
3. DTaP/DTP/DT 4+ (doses)						
3						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
4. OPV/IPV 3+ (doses)						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
5. MMR 2+ (doses)						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
6. Hib 4 (doses)						
3						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
7. Hep A 2 (doses)						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
8. Hep B 3+ (doses)						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
9. Varicella 1+ (doses) (Count children who have had <u>both</u> the vaccine and chicken pox disease here.)						
How many children enrolled in a childcare setting before 9/1/11 with parental recall of chicken pox disease?						
How many children have <u>no</u> doses of varicella vaccine and did not establish parental recall of chicken pox disease before 9/1/11?						
TOTAL (EQUALS ATTENDANCE)						
10. Religious Exemption						
11. Temporary Medical Exemption						
12. Permanent Medical Exemption						
13. Laboratory Evidence of Immunity						

Instructions for Completing Report Form 108

For Childcare, Preschool, Pre-K and Head Start

Complete 108B form(s) listing all children born October 1, 2006 or later.

Record totals for children born on or after April 1, 2010.

Record totals for children born from October 1, 2006 through March 31, 2010.

1. **Attendance** = the number of children in attendance in each age group.

2. **Immunization Records on File** = the number of children who have an immunization record or an exemption form.

3. **DTaP/DTP/DT**: Count the number of children in each age group who have 4 or more doses, then count the number with 3 doses, 2 doses and 1 dose of vaccine on record and write that number in the box for 4 doses. Count the children who have no doses on record under "0." Count each child only once. Total should = attendance number.

4. **Polio (IPV)**: Count the # of children with 3 or more doses, 2 doses, 1 dose and 0 doses. Count each child only once. Total should = attendance number.

5. **MMR**: Count the # of children with 2, 1 and 0 doses. Count each child only once. Total should = attendance number.

6. **Hib**: Count the # of children with 4, 3, 2, 1 and 0 doses. Count each child only once. Total should = attendance number.

7. **Hep A**: Count the # of children with 2, 1 and 0 doses. Count each child only once. Total should = attendance number.

8. **Hep B**: Count the # of children with 3 or more doses, 2, 1 and 0 doses. Count each child only once. Total should = attendance number.

9. **Varicella**: Count the # of children with 1 or more doses and those with one or more doses and history of chicken pox disease. Next, count the # of children who enrolled before 9/1/11 with parental recall of chicken pox disease, then count the # of children who have no varicella doses and did not enroll with parental recall of chicken pox before 9/1/11. Count each child only once. Total should = attendance number.

10. **Religious Exemption**: Count the number of children who have a signed religious exemption for one or all vaccines.

11. **Temporary Medical Exemption**: Count the number of children who have a temporary medical exemption, signed and completed by their physician, for one or all vaccines.

12. **Permanent Medical Exemption**: Count the number of children who have a permanent medical exemption, signed and completed by their physician, for one or all vaccines.

13. **Laboratory Evidence of Immunity**: Count the number of children who have laboratory evidence of immunity, for one or all vaccines, and an exemption signed and completed by their physician.

By November 15, 2011

Mail this form and all completed 108B forms to:

**Pima County Health Department
Vaccine Preventable Disease Program
3950 S. Country Club
Tucson, Arizona, 85714-2056**